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BOOK REVIEWS

Bourgois, Philippe, and Jeff Schonberg. 2009. *Righteous Dopefiend*. Berkeley: University of California Press.

Christian Kapstad

Philippe Bourgois and Jeff Schonberg's *Righteous Dopefiend* explores the culture of drug usage among the homeless in Northern California. They primarily focus on the survival mechanisms that addicts use to obtain drugs and seek shelter. In the context of the global neoliberal economy sustaining interpersonal and structural violence the biggest problem addicts face is the inadequate health care services coupled with a widespread socio-cultural prejudice against them. There are parallels between the themes in *Righteous Dopefiend* and other concepts in medical anthropology, such as "symbolic violence" and "local biologies." The researchers use photographs as ethnographic materials to understand addicts' daily lives and depict their experiences. The book is accessible to a variety of audiences, each of which can take away information to help find a solution to the homeless drug use problem presented.

The ethnographic study took place in Northern California during late 1990's and early 2000's. The twelve-year study is centered in San Francisco, in a homeless camp under a freeway known as Edgewater Boulevard and the surrounding urban area. Bourgois and Schonberg followed a group of outcasts who came together to form a community of drug users. They studied the addicts' usage of such drugs as dope, or heroine, crack cocaine, and alcohol, looking at the ways the addicts obtained their fix, through daily work that pays next to nothing, and the "moral economy" the community

has developed. Moral economy refers to the specific set of economic and other exchanges set in place by the addicts. For instance, sharing dope with a fellow user who is dope-sick is acceptable, even if s/he cannot compensate the sharer at that time. It is understood that a favor will be returned at an appropriate time. The ethnographic team observed the struggles the homeless faced with the health care system's inadequate treatment towards the addicts. Such inadequacies stem from sociocultural prejudices against drug users and a neoliberal economy that results in social austerity. Interviews revealed the addicts' horrid personal histories that led to their addiction and homelessness. As Bourgois's fieldnotes summarize, there is a vicious cycle of relapse after rehab because there is no adequate support system in place to help them stay clean after they are back on the streets.

The authors take an activist-oriented approach to the problems they address in the book. The primary argument is that drug abuse on the streets is not being addressed the correct way. The problem can be fixed, but America focuses too much on capitalism rather than social structure. There are clinics helping the addicts get clean, but they often don't keep the addicts long enough and cost too much for addicts to afford. The few existing social policies intended to help the addicts are actually causing more problems. The country is practicing harm reduction instead of prevention. For example, the addicts are supplied with clean needles. This reduces the harm of disease, but does nothing to solve the problem of addiction. Bourgois and Schonberg support reforming policies as a means to find a solution that will clean the streets of addicts.

Although the Edgewater Boulevard inhabitants are unique, they face many of the same types of violence that other groups deal with. Symbolic violence is violence that

operates on social categories like gender, race, or socio-economic status. In *Righteous Dopefiend*, Sonny, one of the homeless dopefiends, was suffering from abscesses, which are infected areas of tissue. "After carving out the abscess, the surgeon released Sonny from the emergency room without bandaging the large gash. The surgeon refused to prescribe any painkiller" (Bourgois and Schonberg 2009, 100). The health care system deliberately did not treat Sonny like a normal Californian because of the stigma associated with his lifestyle and the perceived culture of addiction. This is symbolic violence at its worst, treating a category of people, in this case a homeless drug addict, in an unjust way because of their position at the margins of society. Analogously, the Triqui workers from Seth Holmes' account, *Fresh Fruits, Broken Bodies*, experience symbolic violence in the health care system similar to the homeless addicts. Abelino, a migrant worker, experiences terrible knee and back pain from picking berries all day. "His pain was diagnosed by a rehabilitation medicine physician as patellar tendonitis, or inflammation of the tendons behind the kneecap" (Holmes 2013, 163). The doctor then goes on to tell Abelino to take time off from work, which for a migrant worker is impossible. The doctor does not attempt to help Abelino in any other way. This is an example of symbolic violence since the doctor is dismissing Abelino because of his non-legal immigrant status instead of recommending alternative, more practical options to alleviate his pain. Symbolic violence is only one theme that *Righteous Dopefiend* shares with other ethnographic works.

The theme of local biologies resonates throughout medical anthropology works. Local biology, "refers to the way in which biological and social processes are inseparably entangled over time, resulting in human biological difference" (Lock and Nguyen 2010,

90). This means that human biology is not universal. The variations as described by Locke and Nguyen are caused by different social, economic, genetic, geographic, dietary, and behavioral habits of the local area. The theme is observed through the homeless addicts seeking shelter at Edgewater Boulevard. As Bourgois describes, the homeless are: unhealthy, skinny, old, wrinkled, dirty, and tired, more so than would be expected for their age (Bourgois and Schonberg 2009). The physical appearance of the dopefiends is strikingly different from other citizens in the surrounding state of California. They have their own very local biology, induced by their dope usage and poor living conditions. Such differences can be compared to the distinctive cadavers studied by Malawian medical students. “Bodies are variable, and medical students who use cadavers to learn anatomy quickly come to understand how different bodies are from one another” (Wendland 2010, 91). The African bodies the students are studying are considerably different from those depicted in anatomy books, largely due to organ harvesting and malnourishment caused from economic hardships. The local biology of the Malawian cadavers is unique to their area, just as the bodies of the Edgewater Boulevard drug addicts is different from people sounding them.

This ethnography also contains opposing themes that differ from other medical anthropology studies of different cultures. The Edgewater Boulevard addicts do not claim biological citizenship as the Chernobyl citizens do (Petryna 2004). The dopefiends take fault for their biology. They do not blame the state or geographic location, but themselves and their own choices for their addiction. In addition, the campaign against drugs and addiction is drastically different from the pink ribbon campaign associated with breast cancer. As Jain described in “Cancer Butch,” cancer victims and the fight against cancer

itself have been glorified through advertisements that market corporate products by correlating them with cancer (Jain 2007). On the other hand, the war against drugs depicts users not as beautiful survivors but as monsters, and puts emphasis on the prevention of drug use rather than its cure. This approach has minimized support for drug addicts.

Righteous Dopefiend is a strong ethnography. The authors spent twelve years in the field, observing and participating in the daily lives of the Edgewater camps' residents. Immersing themselves in the addicts' culture strengthens their argument because they have first-hand accounts of the drug users. Bourgois and Schonberg treat the homeless addicts fairly. They did not offer them money or try to interfere with their lives unless there was a life-threatening situation. They became friends with the subjects. These relationships allowed the researchers to understand the addicts on a personal level. What is more, the ethnographic team used graphic photographs to portray the drug use and real effects of addiction on the participants of the research, giving the reader visual images of the horrors the addicts go through. This imagery supports the authors' arguments because the pictures illustrate the social and medical issues the users endure. In addition, the ethnographers use their field notes throughout the text to back their claims.

Bourgois and Schonberg argue that the homeless drug usage problem is ultimately fixable. Yet, this is a complicated assertion given that after twelve years of research they only had two examples of drug users coming clean and turning their lives around, with several cases of relapse and even death. They explain that, "although many heroin and crack users eventually manage to cease using drugs permanently, most of them fail treatment most of the time" (Bourgois and Schonberg 2009, 272). The question then

becomes, is the problem all that fixable if the addicts cannot stay clean even after proper treatment? However, it is clear that there are imperfect social policies in place, and if the treatment of drug users changed the success rate of rehab could increase. The study only takes place in San Francisco, but drug abuse among the homeless is a global issue.

Ethnographic research in other areas of the country or world could add supporting evidence to their promotion of drug policies in some European countries, and could strengthen their argument to reform policies surrounding drug users in the United States.

The ethnographers also miss two major ideas in their argument. Firstly, some existing research in medical anthropology shows that there are many possible successful healing systems (give a reference as an example). The Edgewater Boulevard addicts only seek biomedical treatment. Bourgois and Schonberg never argue for the use of alternative healing, other forms of medicine could be powerful in aiding the addicts. Secondly, the authors only discuss drug usage among the homeless, however drug use is widespread. They could strengthen their argument by comparing and contrasting the types of drugs, how they are used, the types of people that use them, and the types of treatment available for different substances. They acknowledge that some aspects of an ideal treatment program would not work for all, and suggest that approaches to drug abuse should be adjusted in light of individual unique needs and personalities. But such adjustments will inevitably take place in conditions of inequality and sociocultural prejudice. For instance, in the same state many celebrities have drug abuse complications and the public nullifies it, while the media glamorizes it through the spotlight that surrounds them.

In conclusion Bourgois and Schonberg's *Righteous Dopefiend* is important for every person to read. Doctors can learn about the lifestyle of addicts, and particularly how to treat them fairly and contribute to the solution of lessening addiction. Policy makers and political figures could learn about the different social struggles that homeless addicts endure and rework policies to work as intended. Geographers can study how certain environments could draw in more or less homeless users. Finally, everyday citizens should read the ethnography. Every person should learn about the problem, knowing the truth behind the lives of homeless addicts could prevent harsh judgment and create an overall movement to fix the problem as Bourgois and Schonberg advocate for.

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